

PROTOTYPE

DISCLOSURE OF FREE AND REDUCED PRICE INFORMATION AGREEMENT

I. PURPOSE AND SCOPE

_____(*name of Sponsor*)_____ and _____(*name of receiving agency*)_____ acknowledge and agree that children's free and reduced price meal and free milk eligibility information obtained under provisions of the Richard B. Russell National School Lunch Act (42 USC 1751 et. seq.) (NSLA) or Child Nutrition Act of 1966 (42 USC 1771 et. seq.) (CNA) and the regulations implementing these Acts is confidential information. This Agreement is intended to ensure that any information disclosed by the _____(*name of Sponsor*)_____ to the _____(*name of receiving agency*)_____ about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this Agreement and that the _____(*name of Sponsor*)_____ and _____(*name of receiving agency*)_____ recognize that there are penalties for unauthorized disclosures of this eligibility information.

II. AUTHORITY

Section 9(b)(6)(A) of the NSLA (42 USC 1758(b)(6)(A)) authorizes the limited disclosure of children's free and reduced price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid Program and the State children's health insurance program (Hoosier Healthwise). Additionally, the statute specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure.

The *requesting* agency certifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) below:

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| <i>Medicaid or the State children's health insurance program (Hoosier Healthwise)</i> , administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act. Specify Program: | All eligibility information, unless parents elect not to have information disclosed. |
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Note: Section 9(b)(6)(A) specifies that certain programs may receive children's eligibility status **only**, without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(6)(A)(iv) specifies that for State Medicaid or SCHIP (*Hoosier Healthwise*), parents must be notified and given opportunity to elect NOT to have information disclosed. Social security numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their social security numbers as required by Sec. 7 of the Privacy Act.

III. RESPONSIBILITIES

_____(*Name of Sponsor*)_____ will:

When required, secure parents/guardians consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured by the receiving agency and made available to the Sponsor;

For State Medicaid and Hoosier Healthwise notify parents/guardians of potential disclosures and provide opportunity for parents/guardians to elect not to have information disclosed;

Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

_____(Name of receiving agency) _____ will:

Ensure that only persons who are directly connected with the administration or enforcement of the _____(name of the Program) _____ and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:

(Specify by name(s) or title(s)) _____

Use children's free and reduced price eligibility information for the following specific purpose(s):

(Describe) _____

Inform all persons that have access to children's free and reduced price meal eligibility information that the information is confidential, that children's eligibility information must only be used for purposes specified above, and the penalties for unauthorized disclosures.

Protect the confidentiality of children's free and reduced price meal or free milk eligibility information as follows:

(Specifically describe how the information will be protected from unauthorized uses and further disclosures.) _____

Description of Procedures to Transfer Meal Eligibility Information (May be completed by either the Sponsor or receiving agency)

Describe the procedures for transferring students' meal eligibility information from the Sponsor to the requesting agency/program so as to limit the number of individuals who have access to the information.

(Describe) _____

IV. EFFECTIVE DATES

This agreement shall be effective from _____ to _____

V. PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(6)(C) of the National School Lunch Act; 42 USC 1758(b)(6)(C)) or a regulation, any information about a child's eligibility for free and reduced price meals or free milk shall be fined not more than a \$1,000 or imprisonment of not more than 1 year or both.

VI. SIGNATURES

The parties acknowledge that children's free and reduced price meal and free milk eligibility information may be used only for the specific purposes stated above; that unauthorized use of free and reduced price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of Federal law which may result in civil and criminal penalties.

Requesting Agency/Program Administrator

Printed Name: _____
Title: _____ Phone: _____
Signature: _____
Date: _____

Determining Agency (Sponsor) Administrator

Printed Name: _____
Title: _____ Phone: _____
Signature: _____
Date: _____

*Any attachments will become part of this agreement.

Sign and return this document to:

MS07, Family and Social Services Administration
402 West Washington Street
Indianapolis, IN 46204-2739